

Attorney Docket No.: 00CON115P

## AMENDMENT COVER SHEET

IN RE APPLICATION OF: Hawks, et al.

SERIAL NO.: <u>09/638,172</u> FILED: <u>August 11, 2000</u>

FOR: Method and Structure for Securing a Mold Compound to a Printed Circuit Board

HONORABLE COMMISSIONER FOR PATENTS

P.O. Box 1450, Alexandria, VA 22313-1450

Sir:

Transmitted herewith is a paper in the above-identified application. Any necessary extension of time period set for this paper is hereby requested.

- No additional fee is required.
- The fee has been calculated as shown below:

☑ EXTENSION FEE	RATE Non-Small Entity	RATE Small-Entity	FEE
FIRST MONTH AFTER TIME PERIOD SET	110.00	55.00	\$ 110.00
SECOND MONTH AFTER TIME PERIOD SET	410.00	205.00	\$
THIRD MONTH AFTER TIME PERIOD SET	930.00	465.00	\$
FOURTH MONTH AFTER TIME PERIOD SET	1,450.00	725.00	\$

- $\times$ TOTAL EXTENSION FEE \$ 110.00
- FEE FOR EXTRA CLAIMS added by Amendment in this response:

r	Column 1	Column 2	Column 3			
	Number of Claims after Amendment	Number Previously Paid for	Number of Extra Claims	RATE Non-Small Entity	RATE Small Entity	FEE
TOTAL CLAIMS	16	MINUS **20	*=0	x 18	x 9	\$
INDEPENDENT	3	MINUS ***3	*=0	x 84	x 42	\$
First presentation of multiple dependent claim			+ 280	+ 140	\$	

## TOTAL FEE FOR EXTRA CLAIMS \$ 0.00

- If the entry in Column 1 is less than the entry of Column 2, write "0" in Column 3.
- \*\* If the number of Total Claims previously paid for is less than 20, write "20" in this space.
- If the number of Independent Claims previously paid for is less than 3, write "3" in this space.

05/12/2003 MBIZUNES 00000041 09638172

Attorney Docket No.: 00CON115P

	Total fee for Supplemental Information Disclosure Statement \$
×	Enclosed is the total fee of \$110.00 (Payment by Credit Card, Form PTO-2038 Enclosed).
	Please charge Deposit Account No. 50-0731 in the amount of \$
X	The Commissioner is hereby authorized to charge payment of any additional fees associated with this communication, or credit any overpayment to Deposit Account No. 50-0731. A duplicate copy of this sheet is enclosed.
Date: _	By: Michael Farjami, Reg. No. 38,135

CERTIFICATE OF MAILING
I hereby certify that this correspondence is being deposited with the United States Postal Service as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450, on:

Michael Farjami, Esq. Farjami & Farjami LLP 16148 Sand Canyon Irvine, CA 92618

(949) 784-4600

Typed or Printed Name of Person Mailing Paper and/or Fee

-2-